

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09925629</div>	FILING DATE					
							APPLICANT(S)						
<div style="font-size: 1.5em; font-family: cursive; margin-bottom: 5px;">02504</div> CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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2							52						
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49							99						
50							100						
TOTAL IND.	4		1				TOTAL IND.						
TOTAL DEP.	18		5				TOTAL DEP.						
TOTAL CLAIMS	22		6				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1350 (REV. 3-78)

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